

Is molecular adsorbent recirculating system effective for all the liver failure patients?

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Since its introduction in 1993, molecular adsorbent recirculating system (MARS) albumin dialysis has been a subject of research, with the hope of treating effectively patients with acute liver failure. The impact of MARS treatment on outcome as well as clinical and laboratory variables has been investigated widely in small non-randomized studies. However, larger studies with longer follow-up time are required to determine the true usefulness of MARS treatment in different liver failure etiologies.

An article to be published on June 28 2009 in the *World Journal of Gastroenterology* addressed this issue. The research led by Taru Kantola from Helsinki University Central Hospital, Finland discussed the prognostic factors for survival in patients with acute [liver failure](#). The authors analysed the 1-year outcomes of 188 patients treated with MARS from 2001 to 2007, in an [intensive care unit](#) specializing in liver diseases.

They found that the etiology of liver failure was the most important predictor of survival. In acute liver failure (ALF) of toxic etiology (e.g., paracetamol), the grade of encephalopathy before MARS treatment was a significant prognostic factor. In ALF of unknown etiology, coagulation factor 5 and liver enzyme alanine aminotransferase levels were prognostic. According to the results, the MARS treatment of a cirrhotic patient with an acute-on-chronic liver failure is not meaningful in terms of prognosis if the patient is not eligible for transplantation.

More information: Kantola T, Koivusalo AM, Parmanen S, Höckerstedt

K, Isoniemi H. Survival predictors in patients treated with a molecular adsorbent recirculating system. *World J Gastroenterol* 2009; 15(24): 3015-3024. www.wjgnet.com/1007-9327/15/3015.asp

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